

APPLICATION FOR EMPLOYMENT



Van Buren Public Transit
610 David Walton Drive
Bangor, Michigan 49013

Van Buren Public Transit is an Affirmative Action Equal Opportunity Employer. All applicants are considered without regard to race, creed, color, sex, age, national origin, or disability.

DISCLAIMER: This application will be held on active status for three (3) months from date of application.

PERSONAL INFORMATION

FULL NAME

DATE OF APPLICATION

PHONE (HOME)

PHONE (MOBILE)

EMAIL ADDRESS

HOME ADDRESS

(NUMBER) (STREET)

CITY

STATE

ZIP

DATE AVAILABLE TO BEGIN WORK:

PLEASE CHECK THE POSITION YOU ARE APPLYING FOR:

PART TIME: ☐ BUS DRIVER ☐ DISPATCHER ☐ Other (Please specify) _____

FULL TIME: ☐ MECHANIC ☐ GENERAL OFFICE/CLERICAL ☐ Other (Please specify) _____

Have you worked for Van Buren County before? ☐ Yes ☐ No

If YES: Employment dates: _____ Classification: _____

Reason for leaving: _____

EDUCATION

HIGH SCHOOL

CITY/STATE

☐ DIPLOMA

☐ GED

COLLEGE

CITY/STATE

DEGREE

VOCATIONAL/TRADE SCHOOL

CITY/STATE

MAJOR OR DEGREE

Have you ever been employed by any bus, truck delivery or taxi company? ☐ Yes ☐ No

If so, name and address: _____

Type of work performed: _____

Have you ever been discharged or requested to resign any job? ☐ Yes ☐ No

If yes, please explain circumstances: _____

Are you presently employed? ☐ Yes ☐ No

Have you ever been convicted of a felony (do not include misdemeanor or traffic offenses)? ☐ Yes ☐ No

If yes, please list date, place and nature of offense: _____

Are any felony charges presently pending against you? ☐ Yes ☐ No

If yes, please explain: _____

If you have served in U.S. Armed Forces, date of discharge: _____

Describe any special training: _____

Do you have the legal right to live and work in the United States? ☐ Yes ☐ No

MEDICAL EXAMINATIONS. In accordance with the Americans With Disabilities Act, Van Buren Public Transit may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties and may condition the offer of employment on the results of such employment entrance examination. Medical examinations for Bus Driver positions will be conducted in accordance with Department of Transportation standards.

DRIVER'S LICENSE INFORMATION (This information will be verified)

DRIVER'S LICENSE NO. (REQUIRED) STATE EXPIRATION DATE (MM/DD/YYYY) LICENSE CLASS/TYPE

Do you presently have a valid Michigan driver's license? ☐ Yes ☐ No

How many points do you currently have against your driver's license? _____

Do you have a Commercial Driver's License? ☐ Yes ☐ No

If YES: ☐ A ☐ B ☐ C Endorsements: ☐ T ☐ P ☐ N ☐ H ☐ X

Applicants must be willing to work any assigned times/days. ** Your driver's license number is required.

SKILLS – PLEASE CHECK THOSE SKILLS WHICH CAN BE USED IMMEDIATELY IN A JOB

MECHANIC

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Preventative Maintenance | <input type="checkbox"/> Steering | <input type="checkbox"/> Hydraulic Systems Diagnosis | <input type="checkbox"/> Brake Re-line |
| <input type="checkbox"/> Air Systems | <input type="checkbox"/> Engine Tune Up | <input type="checkbox"/> Engine Repair & Overhaul – Gas | <input type="checkbox"/> Lubes, Oil Changes |
| <input type="checkbox"/> Transmission Repair/Rebuild | <input type="checkbox"/> Tire Maintenance | <input type="checkbox"/> Automotive Electrical Systems | <input type="checkbox"/> Electrical Systems |
| <input type="checkbox"/> Other, specify: _____ | | | |

PAINTER

- ☐ Metal Finish Painting
- ☐ Paint Spray Gun
- ☐ Lettering
- ☐ Other, specify: _____

A/C & HEATING

- ☐ Compressors
- ☐ Repairs
- ☐ Troubleshooting/Diagnosis

BODY REPAIR

- ☐ Frame Straightening
- ☐ Welding & Torch Usage
- ☐ Fiberglass Repair

MANAGEMENT & GENERAL OFFICE

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Microsoft Office Suite | <input type="checkbox"/> Typing _____ wpm | <input type="checkbox"/> Multi-line Phone System | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Shorthand _____ wpm | <input type="checkbox"/> Accounting | <input type="checkbox"/> Speed writing _____ wpm | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Payroll/Timekeeping | <input type="checkbox"/> Inventory | | |
| <input type="checkbox"/> Computer systems and software programs. Please list in detail: _____ | | | |

Other skills. Please list in detail. _____

EMPLOYMENT HISTORY – Please provide a complete chronological record of your employment history for at least the past 10 years, beginning with your current or most recent employment. Periods of no employment history (school, raising family, military, unemployment, etc.) should be included. Use additional page(s) if needed.

COMPANY NAME	CONTACT PERSON	TELEPHONE ()
ADDRESS	CITY/STATE/ZIP	EMPLOYED (MM/YY) FROM _____ TO _____
JOB TITLE/RESPONSIBILITIES		REASON FOR LEAVING

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ADDRESS	CITY/STATE/ZIP	EMPLOYED (MM/YY) FROM _____ TO _____
JOB TITLE/RESPONSIBILITIES		REASON FOR LEAVING

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT CONTACTED.

DO NOT CONTACT:

EMPLOYER	REASON
EMPLOYER	REASON
EMPLOYER	REASON

REFERENCES – DO NOT INCLUDES FORMER EMPLOYERS, EMPLOYEES, OR RELATIVES

FULL NAME	ADDRESS	CITY/STATE
TELEPHONE ()	EMPLOYED BY	OCCUPATION
FULL NAME	ADDRESS	CITY/STATE
TELEPHONE ()	EMPLOYED BY	OCCUPATION
FULL NAME	ADDRESS	CITY/STATE
TELEPHONE ()	EMPLOYED BY	OCCUPATION

LIST ANY RELATIVES EMPLOYED BY VAN BUREN COUNTY; STATE THE EMPLOYEE'S NAME, DEPARTMENT AND RELATIONSHIP TO YOU.

I represent that the answers and information given by me in this application are true and complete without qualification. I hereby authorize Van Buren Public Transit to verify the same and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party to give Van Buren Public Transit any information they have regarding me without receiving written notice from them.

I understand that Van Buren Public Transit has the right to refuse to hire or immediately terminate my employment at any time if it discovers that I have provided incomplete, untrue or misleading answers in this application or any other documents or forms at any time during my employment.

I authorize Van Buren Public Transit to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party without any notification to me of such disclosure and I release Van Buren Public Transit from any liability in connection with such use of disclosure.

I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS. I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs. I agree that the results of this test may be submitted to Van Buren Public Transit and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test and for communicating the results to Van Buren Public Transit. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or, if I am hired, that my employment with Van Buren Public Transit may be immediately terminated.

DATE: _____ SIGNATURE: _____

**Please return to: VAN BUREN PUBLIC TRANSIT
610 David Walton Drive
Bangor, MI 49013**

VAN BUREN PUBLIC TRANSIT - APPLICANT RELEASE STATEMENT

I request and authorize the release of all information requested (transcripts, references, previous employers) to be given to Van Buren Public Transit, 610 David Walton Drive, Bangor, Michigan 49013. Phone (269) 427-7851.

I understand this information will be used only to evaluate my qualifications for work.

I hereby release you and all individuals or persons connected herewith from all liability for providing this information and waive my right to written notice of the release to Van Buren Public Transit of any relevant information that may be contained in my personnel file.

Applicant Signature: _____ Applicant Printed Name: _____

Date: _____ Maiden Name or Other Married Names (if applicable): _____

VAN BUREN PUBLIC TRANSIT - CRIMINAL HISTORY CHECK RELEASE FORM

As an applicant or probationary employee of Van Buren Public Transit, I understand that it is this organization's policy to secure criminal history information as part of their employment screening process using the information provided below.

Name: _____ Date of Birth: _____ Gender: _____ Race: _____

Maiden name or names previously used: _____

I understand that the above information is required by Central Records Division of Michigan State Police, Lansing, Michigan. I authorize Van Buren Public Transit to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signature: _____ Date: _____